Date: 27 November, 2017 **Sydney, Australia**

ASX Limited

20 Bridge Street
SYDNEY NSW 2000

NOX AGM CORPORATE PRESENTATION

ASX: NOX

Noxopharm Limited

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Mr Peter Marks
Chairman
Non-Executive Director

Dr Graham Kelly
Chief Executive Officer
Managing Director

Dr Ian Dixon
Non-Executive Director

Sydney, 27th November 2017: Noxopharm Limited (ASX:NOX) is pleased to provide to the market and shareholders the Corporate Presentation for today's 2017 Annual General Meeting.

To be held at 2.00 pm at the Sydney Sofitel Wentworth Hotel, Adelaide Room, Level 4, 61-101 Phillip Street, Sydney.

About Noxopharm

Noxopharm is an Australian drug development company with offices in Sydney and Hong Kong. The Company has a primary focus on the development of drugs to address the problem of drug-resistance in cancer cells, the major hurdle facing improved survival prospects for cancer patients. NOX66 is the first pipeline product, with later generation drug candidates under development. The Company also has initiated a pipeline of non-oncology drugs.

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Forward Looking Statements

This announcement may contain forward-looking statements. You can identify these statements by the fact they use words such as "aim", "anticipate", "assume", "believe", "continue", "could", "estimate", "expect", "intend", "may", "plan", "predict", "project", "plan", "should", "target", "will" or "would" or the negative of such terms or other similar expressions. Forward-looking statements are based on estimates, projections and assumptions made by Noxopharm about circumstances and events that have not yet taken place. Although Noxopharm believes the forward-looking statements to be reasonable, they are not certain. Forward-looking statements involve known and unknown risks, uncertainties and other factors that are in some cases beyond the Company's control that could cause the actual results, performance or achievements to differ materially from those expressed or implied by the forward-looking statement. No representation, warranty or assurance (express or implied) is given or made by Noxopharm that the forward-looking statements contained in this announcement are accurate and undue reliance should not be placed upon such statements.

CEO REVIEW 2017 AGM

Our objectives

For the doctor:

- Drugs that boost the effectiveness of radiotherapy (and chemotherapy)

…. with lower (better tolerated) treatment dosages

For the patient:

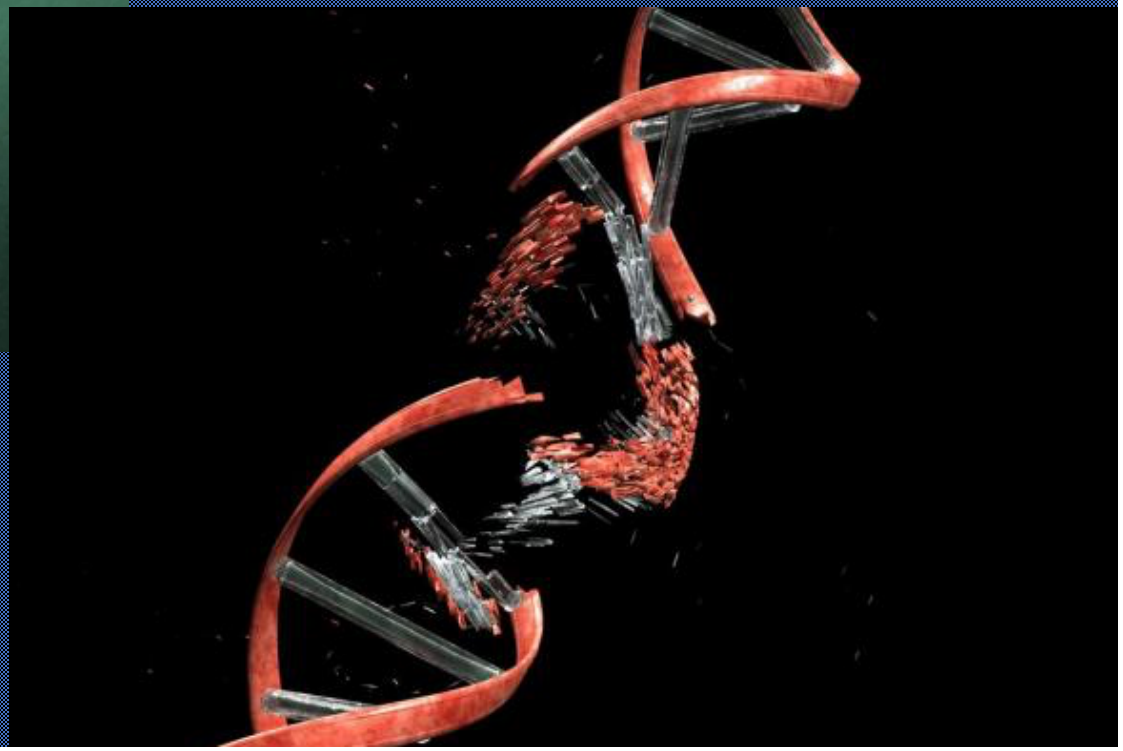
- Better survival outcomes without fewer side-effects

For the investor:

- A technology platform with the potential to become standard of care

…. with an aim of generating revenue in 2022

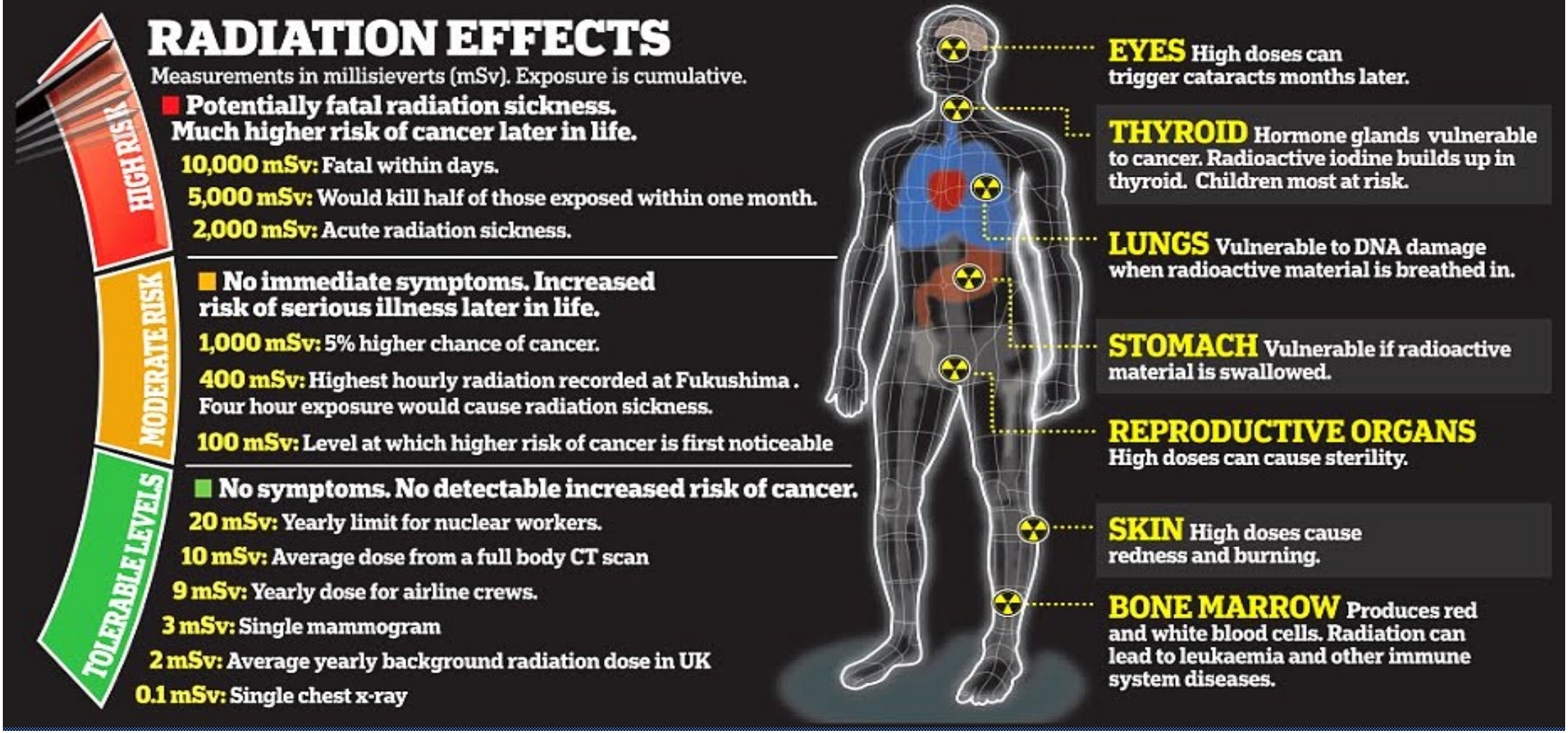
Radiotherapy … the best anti-cancer treatment we have



DNA before and after radiation

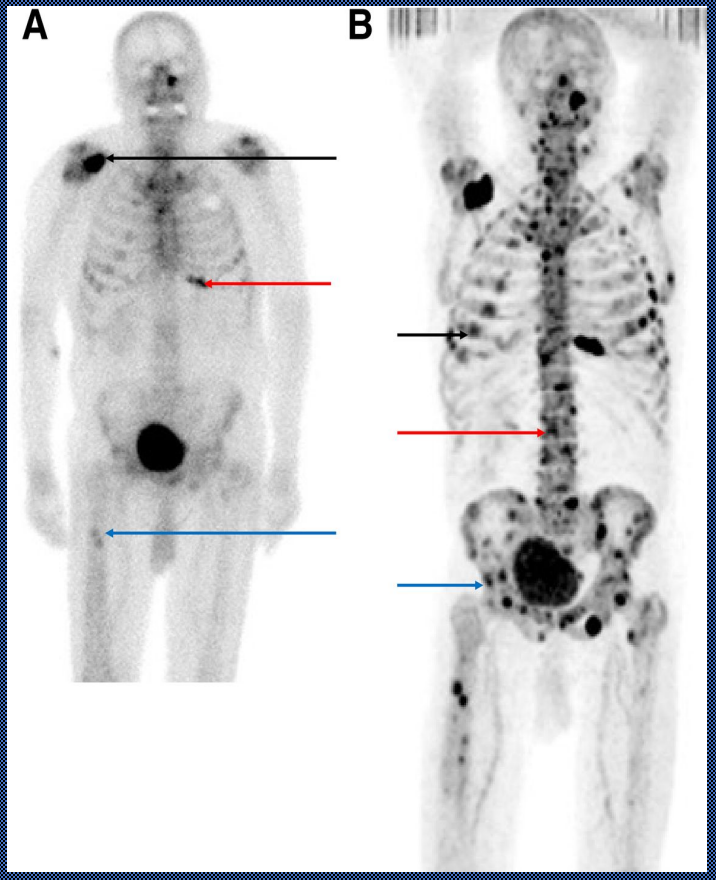
Limitation of radiotherapy

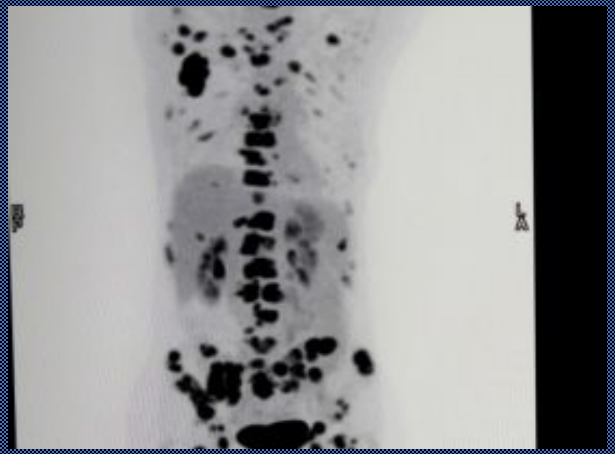
1. Dose-limiting toxicity



Limitation of radiotherapy

2. Metastatic cancer too extensive for radiation

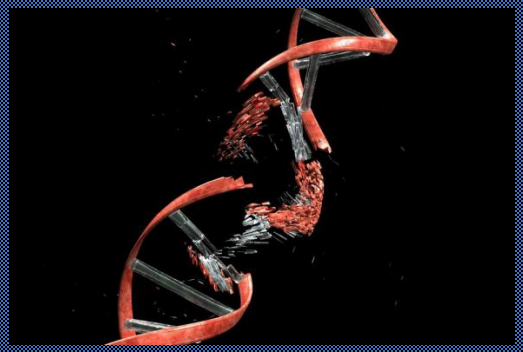




DARRT

Direct and Abscopal Response to Radio-Therapy

DIRECT Sensitisation of Radio-Therapy

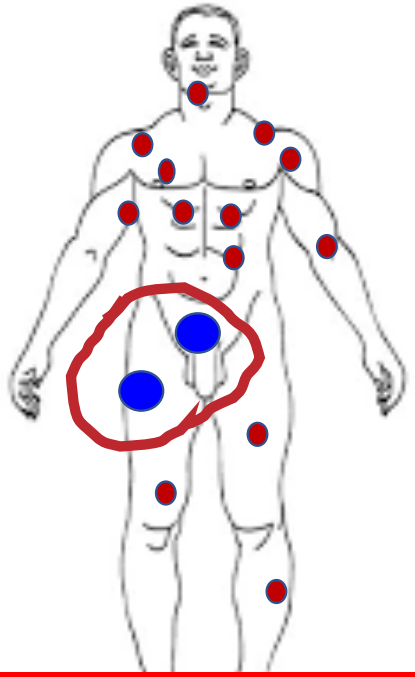


- DNA damaged. Cell attempts to repair the damage.
- Extensive damage .. beyond repair……cell dies.
  Modest damage … repairable …. cell lives.
- Most dosages of radiotherapy not high enough to deliver extensive damage to <u>all</u> cancer cells …. tumour survives.

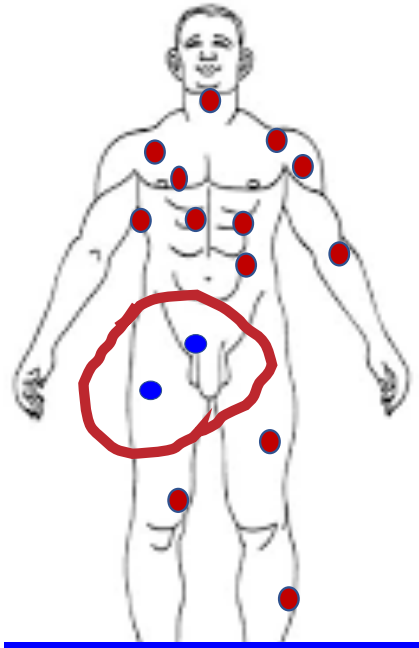
NOX66

- Blocks ability of cancer cell to repair damage …. even modest damage becomes un-repairable …. cell dies
- Does NOT increase extent of damage
- No effect on healthy cells

DIRECT Response to Radio-Therapy

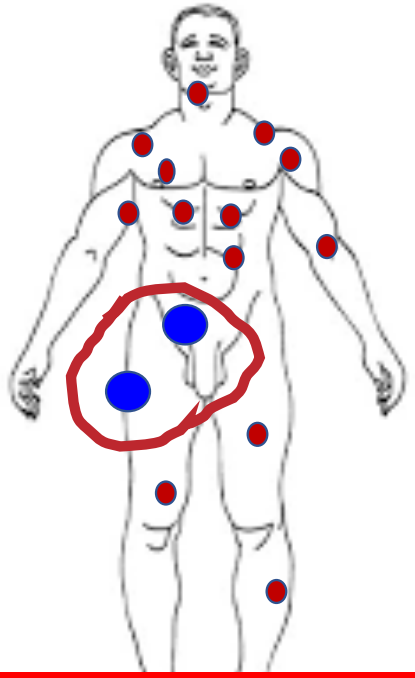


Radiotherapy applied to large tumours for pain relief



Shrinkage of irradiated tumours

DIRECT Response to Radio-Therapy



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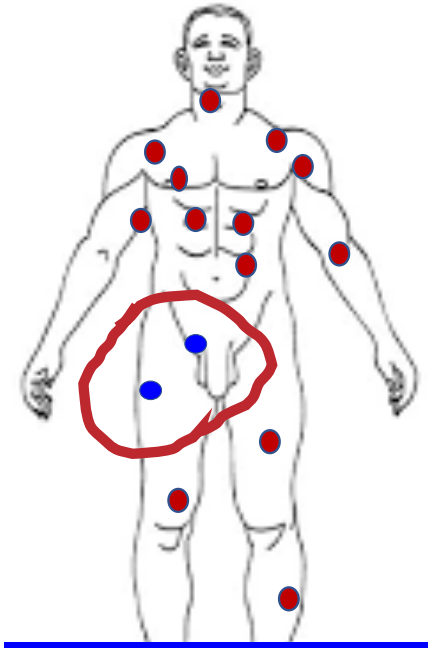
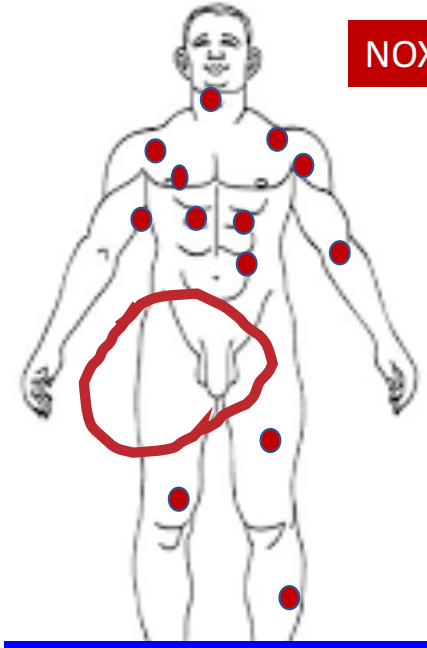


Shrinkage of irradiated tumours

NOX66



Complete remission of irradiated tumours

ABSCOPAL Response to Radio-Therapy

Noxopharm

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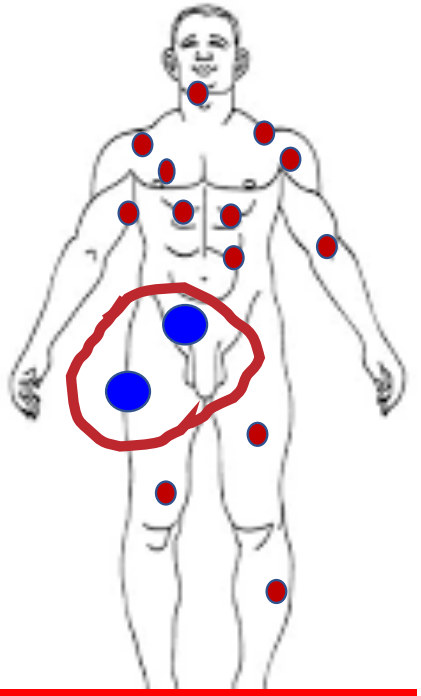
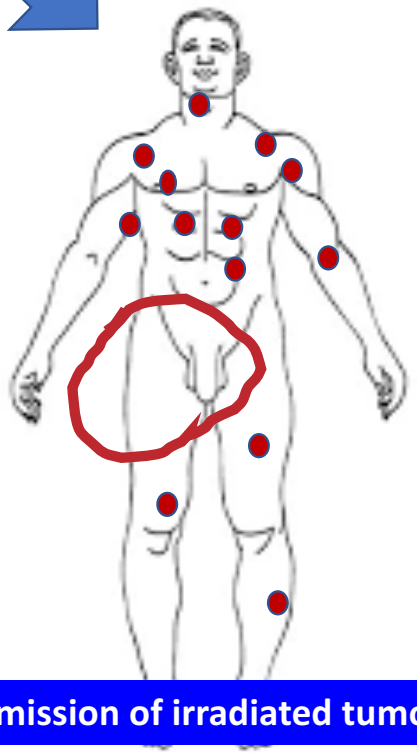
Exposed tumours respond

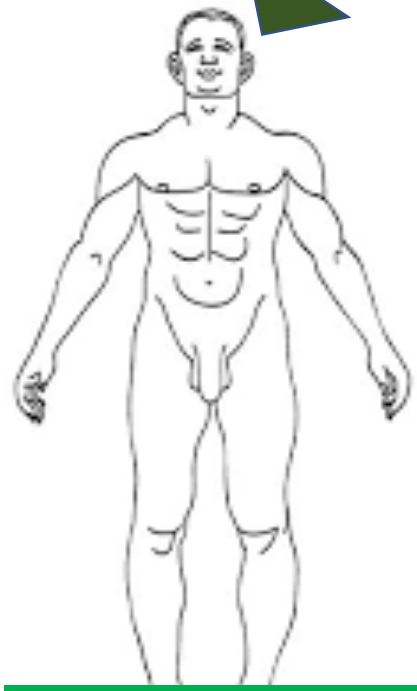
Non-exposed tumours respond



Low-dose radiotherapy



Remission of irradiated tumours

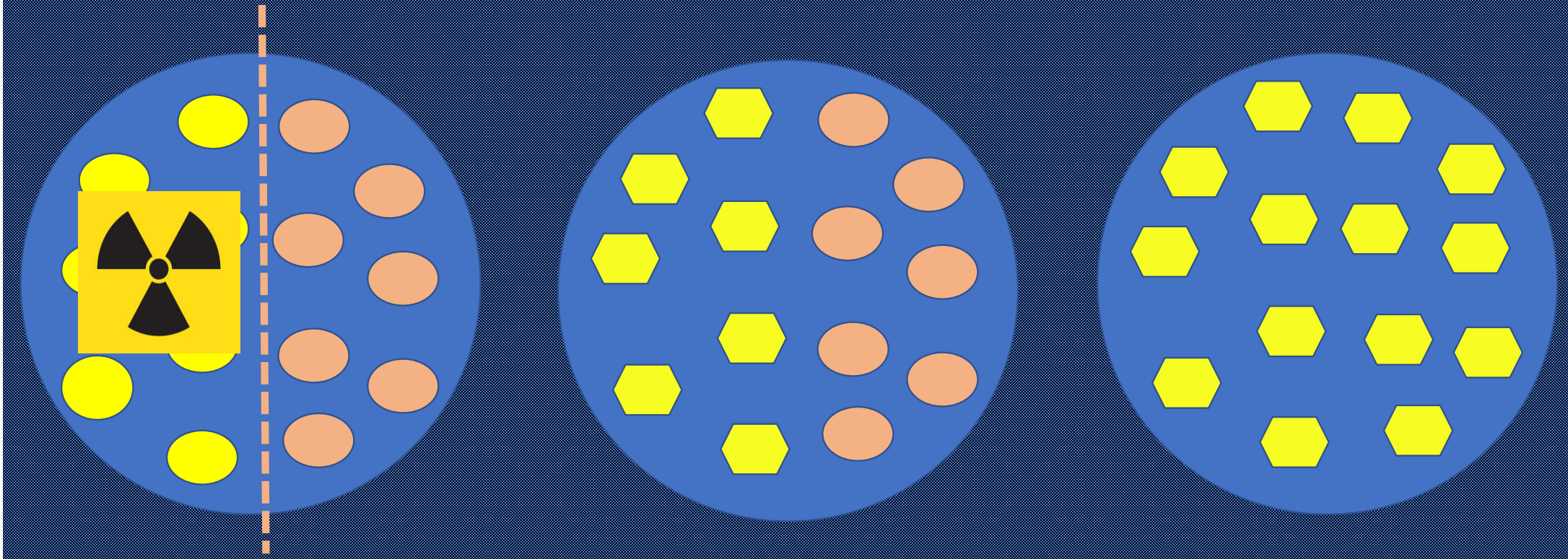


Abscopal response

Features of an abscopal response

Rare	– very rare phenomenon
Complete	– primary AND secondary tumours disappear
Durable	– potentially permanent
Unrestricted	– range of cancers reportedly involved
Short treatment	– single course of treatment (7-14 days)
Low toxicity	– low-grade radiation sickness

How might an abscopal response/bystander effect work?

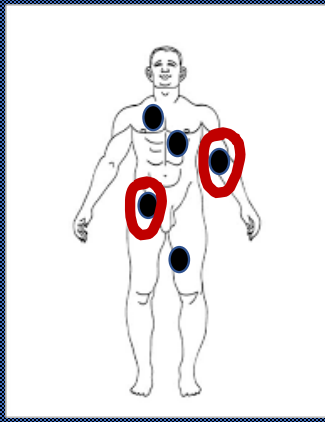


DARRT

Direct Effect

External Beam RT

Abscopal Effect



- Patients with multiple (>3) tumours
- Irradiate 1-2 tumours (5 days)
- NOX66 14 days
- Scan + 2 months and 4 months

DARRT

Direct Effect

Abscopal Effect

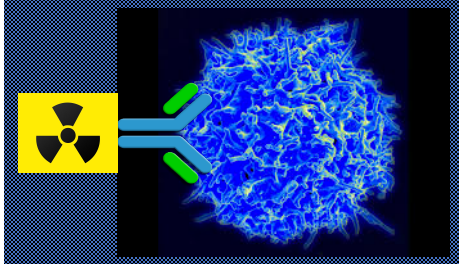
External Beam RT

- Prostate cancer (metastatic castrate-resistant)
- Solid common cancers (eg. lung, breast, melanoma)
- Rare cancers (eg. sarcomas)

DARRT

Direct Effect

Abscopal Effect



Brachytherapy

- ^{177} Lutetium-PSMA-617
- 4 x monthly intravenous injections of LuPSMA/10 days NOX66
- Prostate cancer (metastatic castrate-resistant)
- ? Kidney cancer

DARRT

Where NOX66 + Radiotherapy needs a boost ……

NOX66-001 Phase 1b Study Georgia

+ Low-dose carboplatin (AUC4 – monthly)

400 mg NOX66

5 patients: 1 progressive; 4 non-progressive

800 mg NOX66

6 patients: 5 non-progressive; 1 partial response

Clinical pipeline

NOX66

+ external beam radiotherapy
+ brachytherapy
+ chemotherapy (carboplatin)

Idronoxil

+ intravenous dosage form
+ pessary dosage form

NOX66 Clinical Development Strategy

Ian Minns

Director, Clinical Development and Medical Affairs

NOX66 Clinical Development

- Review of 2017 – Where are we now?
- Looking forward to 2018 – Where are we heading?
  - Moving NOX66 towards first registration - Radiotherapy
  - Chemotherapy and other research with NOX66
- Sharing our progress
- Communicating data in 2018 and beyond

Review of 2017 – Where are we now?

Mid-Year update

Studies planned:

1. Chemotherapy (Carboplatin): Study Commenced (Georgia)
2. Radiotherapy: External Beam RT in prostate cancer (Australia)
3. Radiotherapy: Stereotactic RT in prostate cancer (Investigator)
4. Radiotherapy: Brachytherapy in prostate cancer (Investigator)
5. Radiotherapy: External Beam RT in solid cancers (Hong Kong)
6. Rare Cancers: collect evidence in rare cancer population
7. Chemo-radiotherapy: in solid cancers (ANZ, Georgia)

Review of 2017 – Where are we now?

Mid Year update → 6 months later

Studies planned:

1. Chemotherapy (Carboplatin): Study Commenced — Recruitment completed, interim data presented
2. Radiotherapy: External Beam RT in prostate cancer — Open for Recruitment
3. Radiotherapy: Stereotactic RT in prostate cancer — Open for Recruitment
4. Radiotherapy: Brachytherapy in prostate cancer — Open for Recruitment
5. Radiotherapy: External Beam RT in solid cancers
6. Rare Cancers: collect evidence in rare cancers

Studies combined: multinational study in radiotherapy (all tumours) - Ethics submission (Aust) planned December

7. Chemo-radiotherapy: in solid cancers — De-prioritised, following discussions with oncologists

Review of 2017 – Where are we now?

Mid Year update → 6 months later → Moving to first registration

Studies planned:

1. Chemotherapy (Carboplatin): Study Commenced
2. Radiotherapy: External Beam RT in prostate cancer — **Open for Recruitment**
3. Radiotherapy: Stereotactic RT in prostate cancer
4. Radiotherapy: Brachytherapy in prostate cancer — **Open for Recruitment**
5. Radiotherapy: External Beam RT in solid cancers
6. Rare Cancers: collect evidence in rare cancers

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7. Chemo-radiotherapy: in solid cancers

Moving towards first registration study

Target Indication: NOX66 in combination with Radiotherapy for the treatment of patients with metastatic cancer

Studies:

- NOX66-002A: Determine Dose of NOX66 (Prostate Cancer)
- NOX66-006: Open Label, all tumours. safety and efficacy
- NOX66-007: Randomised, common tumours. Efficacy in comparison to standard care
- LuPIN Study: ^{177}Lu-PSMA and NOX66 (Prostate Cancer)
- Expansion of ^{177}Lu-PSMA research
- Other Radiotherapy Research (supportive data, for expanded indication in future) – e.g. brain, paediatrics, stereotactic, brachytherapy etc.

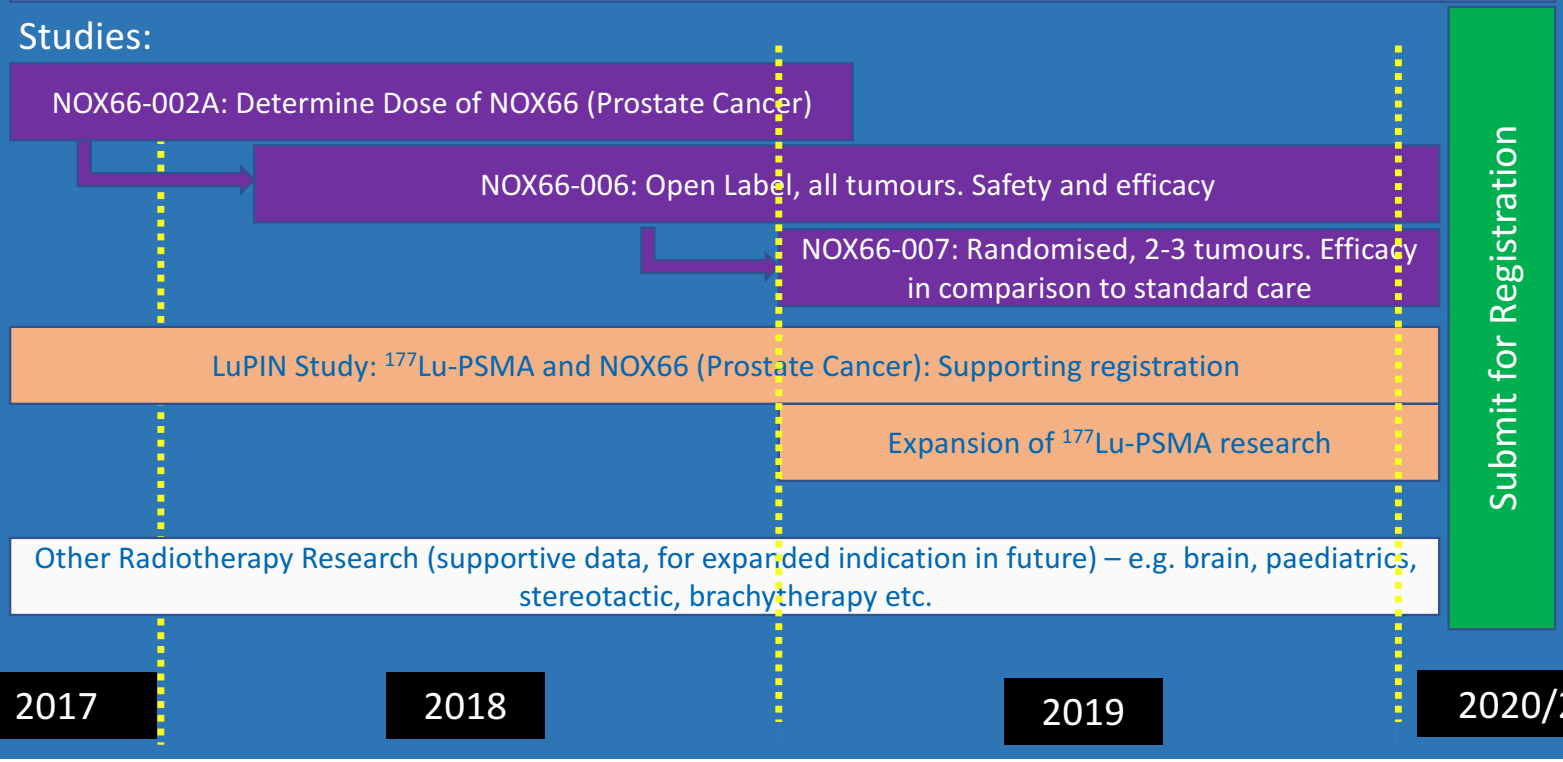
Submit for Registration

Notes:

- Different Global Regulators may modify indication for specific tumour types
- Indication may also list when treatment can be used
- Indication will discuss how to use Radiotherapy with NOX66
- Rare cancers may not be included in indication, however evidence is important
- Reimbursement is as important as Registration

Moving towards first registration

Target Indication: NOX66 in combination with Radiotherapy for the treatment of patients with metastatic cancer



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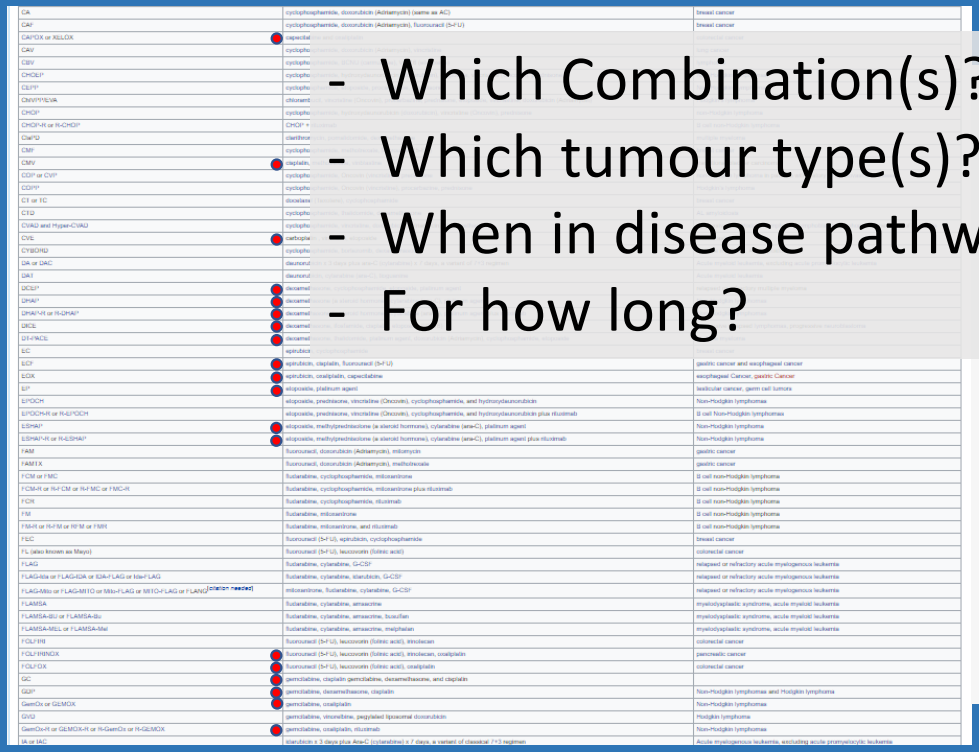
Beyond the trials to reach registration

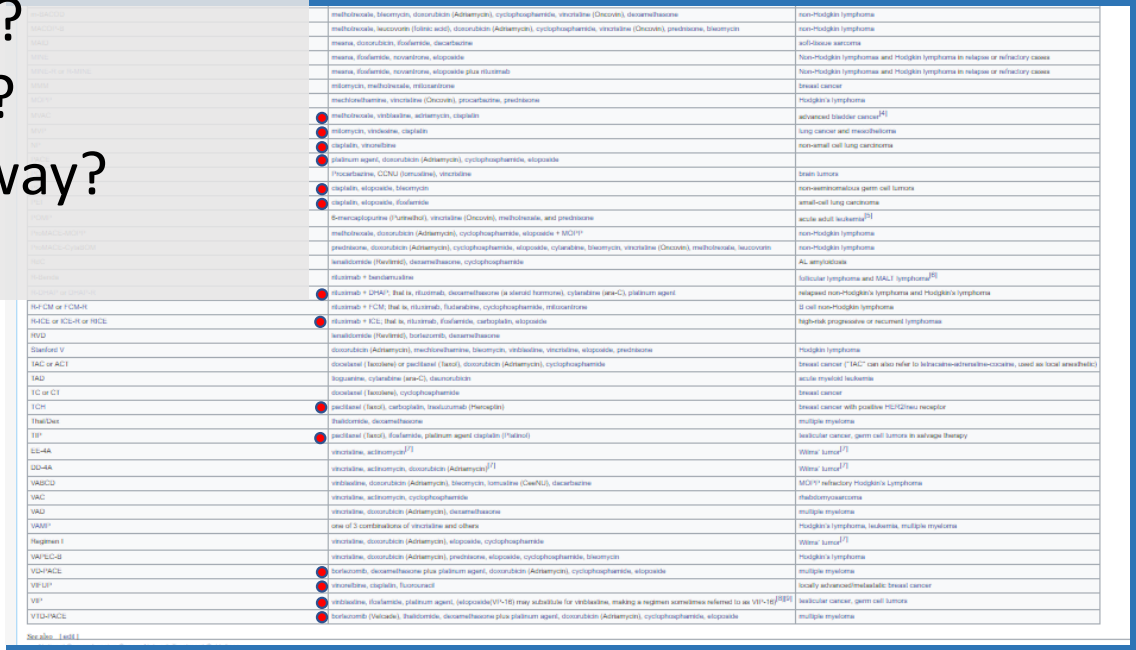
- **Manufacturing and formulation:** Optimise NOX66 formulation; GMP Manufacturing
- **Pre-clinical / non-clinical**: *in vitro* and animal studies to meet regulatory and other requirements for registration and marketing
- **Medical Affairs:** Liaison with oncologists, advisory boards, congress attendance and presentation

- **Marketing:** Develop Noxopharm presence, brand-naming, commercialization (including pricing) strategy

Chemotherapy with NOX66

- Which Combination(s)?
- Which tumour type(s)?
- When in disease pathway?
- For how long?





https://en.wikipedia.org/wiki/Chemotherapy_regimen

Chemotherapy with NOX66

- Radiotherapy prioritised for pathway to registration
  - Duration of therapy and of trials
  - Clarity of treatment (i.e. combination with RT) across all tumours
- Chemotherapy remains important to development
  - NOX66-001 study to complete in Q2 2018
  - Next study, to be a randomised trial ± NOX66, planned for H2 2018
    - Cancer type(s) and chemo to follow from advisory meetings with doctors
  - Further studies
    - Other tumour types, chemotherapy regimen and dosing
    - Led by medical need, in discussion with doctors
    - NOX66 alone (monotherapy) to be investigated

Communicating Trials Progress 2018

- Progress – based on Data Safety Monitoring Committee Review
  - Independent body – researchers and statisticians
  - Regular meetings during trials – expect ~6 across trials in 2018
  - Review overall progress → decisions on continuation
  - Findings of DSMBs will be communicated

- Trial Data at conferences
  - Contingent on significant milestones in trials (end of study, all patients through a pre-defined time point) – expect ~4 in 2018
  - Requires considerable planning (e.g. ASCO – meeting June, submit presentation in February)
  - Requirement that data are embargoed until presented
  - Where significant outcomes, top line result may be released as per ASX requirements prior to conference

What will 'good response' look like ???

- Looking at a new breakthrough cancer treatment:
  - In Non-Small Cell Lung Cancer trial (582 patients evaluated)
  - Compared with a standard Chemotherapy
    - Median (50% of patients) overall Survival - 12.2 months compared with 9.4 months
    - Median Progression Free Survival (time before disease worsened) – 2.3 months v 4.2 months (not statistically significant)
    - Overall Response Rate (patients who had at least partial response) – 19% v 12%
      - Four Complete Responses v One
      - Mean (average) duration of Response 17 months v 6 months
    - Common Adverse Reactions (>20% of patients) - fatigue, musculoskeletal pain, cough, dyspnea, and decreased appetite

http://www.opdivohcp.com/metastatic-nsclc/efficacy/clinical-trial-results

NOXASIA
诺素亚洲

- NOX66 clinical studies in Asian-centric cancers
  - *Hepatocellular carcinoma (liver cancer)*
  - *Gastric carcinoma*
- Identify KOLs and form collaborations
- Identify potential partners.

Nyrada inc

NYX-104

- Stroke
- Concussion
- Head trauma
- Hearing loss

NYX-205

- Peripheral neuropathy
- Ulcerative colitis
- Sclerosing cholangitis

NYX-330

- High cholesterol

Key Messages

- WE EXPECT TO KNOW BY END OF 2017 OF THE SUCCESS OF OUR MISSION
- WE AIM TO BE IN A REGISTRATION STUDY BY END OF 2018
- WE AIM TO HAVE MARKETING APPROVAL BY 2022
- A SUCCESSFUL OUTCOME IS A MAJOR SHARE OF THE $100 BILLION ONCOLOGY DRUG MARKET
- REALISTIC POTENTIAL TO BECOME STANDARD OF CARE DRUG IN MANY CANCERS

✓ Lean operation ✓ Experienced team	✓ A number of key inflection points anticipated within next 12 months	✓ Several potential blockbuster drugs candidates

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